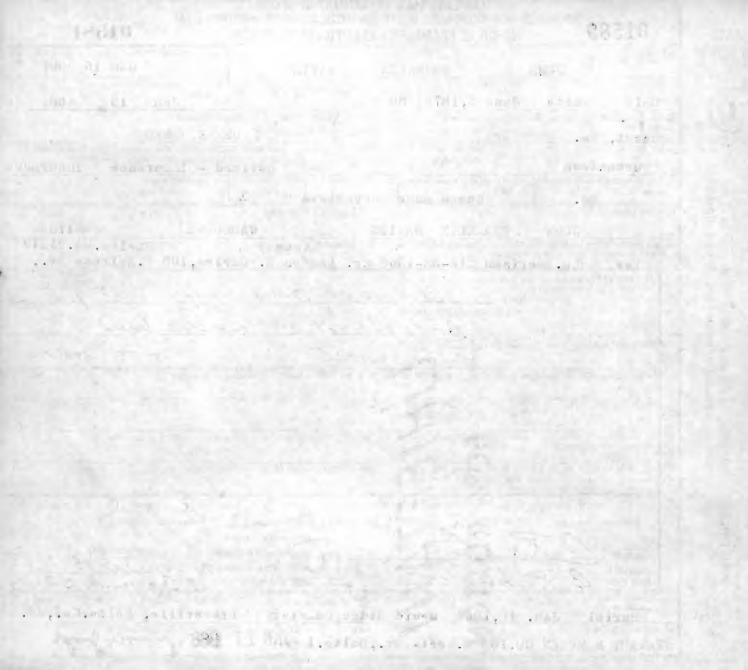
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01581MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP 1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month 2b. HOUR Day Year (Type or Print) deloy 1, nd 3 to Page ESTI-1968 Jan 15 DAVIES JOHN FRANKL IN DEATH MATED 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White June 5,1878 89 19 68 YPS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form (country) WIDOWED | DIVORCED F QUEEN ANNES Item 18. Give Poges Amherst, Va. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Retired - Insurance Queenstown Insurance 1 ond 2 with deoth. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13t. CITY OR TOWN 13e, STREET AND NUMBER 13b. COUNTY YES NO Queen Anne Queenstown ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Lost SMITH CAROLINE FRANKLIN DAVIES 9 JOHN Examiner's pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS Balto. Md. 21212 within pencil 16b. SOCIAL SECURITY NO. (son (Yes, no. or unknown) (If yes give war or dates of service) Sp. American 218-32-1308 Mr. Landon B. Davies, 108 E. Melrose Av., within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit selerotic Cordio Vascal pe Conditions, if any, which gave rise to immediate cause (a). the word certificate should DUF TO OR AS A CONSEQUENCE OF stating the underlying couse Ved rs 15case = forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 writing removol, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M cremotion, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State lactory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry 2 and in my apinian Natural causes . Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED fumerol ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 0 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Pikesville, Balto.Co., Md. Jan. 18,1968 Druid Ridge Cemetery Buria 24. FUNERAL DIRECTOR STEWART & MOWEN CO.108 W.North Av., Balto. J VR A15ME (5) 10M REV. 1/6

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01582 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR death. (Type or print) Month 7 Susie A. Johnson signed by the attending physicion and completely filled in by the <u>fur</u> burial-tronsit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removol, and in ony event, within 72 hours after 3. SEX 4. RACE of ter S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years last dishoay) Female Colored L2/29/1884 requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. Queen Anne's Co. WIDOWED T DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (In not in hospitol give the Home 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUFFERIOUS Pondtown Lahor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CHY OR TOWN 13d. INSIDE admission) STATE Marylandb. COUNTY Kent Chestertown ES 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? NO 🗔 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Middle Last Walley John Anna Unk. Address R.F.D. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT No no, or unknown) MR. Edgar Johnson Chestertown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Arterioscl BETWEEN ONSET AND DEATE Arteriosclerotic cardiovascular disease several IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF vears Canditians, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospitol or attending director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗔 O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. JNJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from Dec-, 1966, to 1-13, 1968, that (I) (we) lost sow the deceased alive on 1-13 under and from the causes stoted gapve, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 1-20-68 STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Robert W. Farr M.D. Chestertown. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230, BURIAL, CREMATION, 23b. DATE (State) (County) BIPENGVA (pecify) 1/20/68 Emmanuel Methodist Cem. Chestertown Kent Md. Chestertown, Md. 30M REV, 1/68

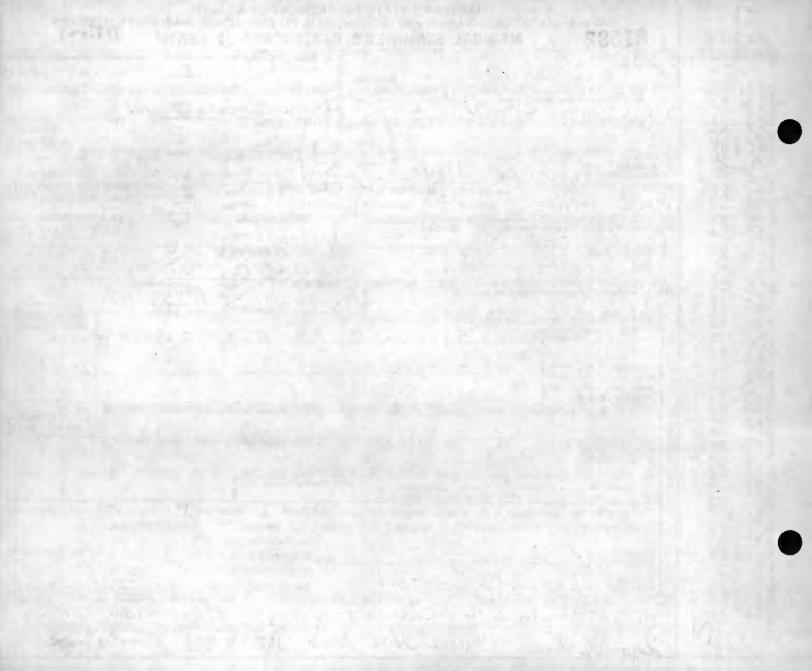
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3	1. D	ECEASED-NAME F	irst	Middle		Lost		DATE OF DEATH	Day a Year	2b. HOUR
		-	arles		Royal	DATE OF DIOTIL		Month 1	16 UNDER 1 YE	00 12 M
	3. 5		4. RACE		,	2/15/18	386	6. AGE (In years last birthday)		AR IF UNDER 24 HRS. AYS HOURS MIN.
	70.	Male BIRTHPLACE (Stote or foreign ntry) Maryland	U.S.A		WIDOWED	NEVER MARRIED	9. cou	NTY OF DEATH	Count	t y Md.
		CITY OR TOWN OF DEATH Millington					ra. USUAL OCCL	JPATION (Kind of work do working life, even if retired	12b. KINE INDUSTR	O OF BUSINESS OR
	130. adm	USUAL RESIDENCE (Where de ission) ASIA Land	ceosed lived, if insti	tution: Residence before en Anne 1 s	13c CITY OR T		NO NO	RD #1		
	14.	FATHER'S NAME First	Middle		1S.	MOTHER'S MAIDEN		Middle		Last
	160	Jose. WAS DECEASED EVER IN U.S.		Royal	NO. 117: INF	ORMANT	rginia		R.F.D.	son
	1	(es No or unknown) (If yes	give war ar dates of service)			s.Bess	e Dow		tertow	
		18. CAUSE OF DEATH (Ente	r anly one cause per)				APP BETWI	PROXIMATE INTERVAL EEN ONSET AND DEATH
		PART I. DEATH WAS CA	LEDIATE CAUSE (o)		ONCHE	PNE	1 MOR	vid-	- 1	1 dogs
		Conditions, if any, which go	ive)	R AS A CONSEQUENCE OF	diar	decery	peun	otion		2 dois-
	П	rise to immediate couse (stating the underlying cau		R AS A CONSEQUENCE OF		1	J			0
		DANT O OTHER SIGNIFICANT	(5)_	DISTRICT TA DESTRI DIST	IOT DELETED TO	THE TECHNISH BICC	ACT OR CONDITION	An Chira tu page 12 h		
	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT I	IOI KELATED IO	HE IERMINAL DISE	ASE UK CUNDITI	UN GIVEN IN PAKT 1(0)		
,	CERTIFICATION		196. CONDITION FOR 1	WHICH OPERATION WAS P		20a. AUTOPSY? YES	NO 🗆	20b. IF YES, WERE FINDING CAUSES OF DEATH?		N CERTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDER por contributing cause of (If either, natify medical ex	DEATH HOUR A.F	M. 1	9			a of injury in Port 1 or Part	2, Item 18.)	
	NA.	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJUR	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town	County	State
		22a. I certify that (I) saw the decease causes stated ob	(this haspital) a d olive an ave, (I) (we) (di	ttended the deceased) (did not) view the	ed fram 1900 d, ond bady after de	thot in (my) (o ath.	, 19 <u>68</u> , ur) apinion (ta foce 16, deoth occurred an the	dote and ho	nat (I) (we) lost our ond from the
		22b. SIGNATURE	Sprie	leuler-	DEGREE	1 11121	MED. DIRECTOR	R STAFF	22c. DATE SIGNED	17.68
-		NAME (Type)	oralews	ki Geza M	.D.	22e. ADDRESS Milli	ngton	Maryland		
	230		3b. DATE		CEMETERY OR C	REMATORY	23d.	LOCATION (City or Town)	(County)	(State)
-		PEMOVAL (Specify) FUNERAL DIRECTOR	1/20/68	Carmi	chael		REC'D BY REGI	eentown.	AR'S SIGNATURE	Md_
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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE DE DEATH 11 2. HSHAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
- (A)	a. CDUNTY QUEEN ANNE MARYLAND b. COUNTY QUEEN ANNE
the funeral the funeral may be perturent	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
e fune may partie	KURAL CHESTERTOWN LIFE KURAL CHESTERIOWN
D1 C4 C7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
and and	3. NAME DF DEGEASED (Type or print) FREDERICK 11 4 SSES SMITH LAST JANUAR 12 1968
ith. If an form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
ages for for twit	MALE WHITE WIDOWED DIVORCED JUNE 9-1874 93 yrs.
er deat live Pag with with 1 and 2	1Ds. USUAL OCCUPATION (Give kind of work done in the country) during most of working life, even if retired) NARYLAND 12. CITIZEN OF WHAT COUNTRY? WARYLAND 13. BIRTHPLACE (State or foreign country) NARYLAND
afte ong ss 1	RETIRED FARMER XX MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours after 18. Garages along pages 1	George SMITH HARRIET STEVENS
24 hour litern Office pand	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT // Address
pencil in miner's o permit. P	(Yes, no, or unknown) (If yes give war or dates of service) MRS. ARTHUR HOCK-CRUMPTON, MD.
d wid miniming per rem	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
Example in sit	PART I. DEATH WAS CAUSED BY: Artro sclerotic Carello Vascular MMEDIATE CAUSE (a) Artro sclerotic Carello Vascular
uld be executed "pending" in sf Medical Exan a burial-transit I cremation, or r	Conditions, if any, which by direase years
d be "per Med burid	gave rise to immediate cause (a), stating the DUE TO
ord brd hief s a	underlying cause last. (c)
ficate sho the worn the Chi to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K
certific ded to ded to ld be u	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTIONS PERFORMED? YES NO 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
EXAMINER. This certificate should be executed within 24 hours after death. If any certificate, writing the word "pending" in pendil in item 18. Give Pages 1, 2, hould be forwarded to the Chief Medical Examiner's Office along with form PM lies. Br. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the signated agent, prior to burial, cremation, or removal, and in any event within 7.	ZDC. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)
MINE rtific 1 be 2 age sted	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion
AL EXAMINES the certificates the should be refiles. CTOR: Page designated	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
the the first firs	CHIEF MEDICAL EXAMINER
ry Medical execute the Page 4 s 4 for your fat DIRECT	actual signature M.D. Assistant Medical examiner 22. Date signed
TY N exe exe d fo	EXAMINER'S C. RODNEY LAYTON Address (Street, city, town, or county) Clarke will and
O DEPUTY MEDICAL EXU please execute the or director. Page 4 shour retained for your files. O FUNERAL DIRECTOR: of Health or its design	123a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
Page 1	REMOVAL (Specify) BURIAL ANDRESS (2) A ADDRESS (2) A SEGISTRAR 250, REGISTRAR'S SIGNATURE
VR A15ME	Edgard. Lane - Church Hiel, Md. JAN 18 1968 Thanks Judge

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MARYLAND STATE DEPARTMENT OF HEALTH 01593 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01585 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2g. DATE OF DEATH DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death by the funeral Pages I and (Type or print) Month JESSIE 1968 STARLING January 9:20M HE SUNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years birthday) Male Colored Unknown. 1904 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. Oueen Anne's Md. DIVORCED | WIDOWED M campletely filled attending physician and campletely filled sermit. Then please remove carban pea Wilhin 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Farm give street address) Near Millington 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY HANTS? 13e. STREET AND NUMBER event admission) STATE 13b. COUNTY Md. YES 🗍 Kent NO F rural Galena burial, cremation, ar remayal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Clifton Starling Sadie Taylor Sister 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address [(If yes give war or dates of service) Galena, Md. 21635 Ada Brisco APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gove) milopulleumon rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes 10 Husetensian PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) be detached far use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 ficate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical exominer) Month Day Year HOUR A.M. O FUNERAL DIRECTOR: After this certification, page 3 should be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 1962, 1962, to 1966, 1966, 1966, that (I) (we) lost sow the deceased alive on 1966, and that in (my) (aur) opinion death accurred on the date and hour and from the ___ 1968 to Edg 6 couses stated above, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATUR ATTENDING MED. DIRECTOR director, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Tybe) Geza Koralewski. M.D. Millington, Md. 21651 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) Bu PENOVAL (Specify) Morgan Neck Cemetery Md. Jan.10,1968 Chestertown, rural, Kent, ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Millington, Md. 21651 Edward Fellows & Son,

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11_1		ORDS, 301 W. PRESTON STREET, BALTIMOR	
Y FOR STATE	B B A .	AL EXAMINER'S CERTIFICATE OF	0.41:00
HEALTH DEPT.	. DECEASED-NAME First (Type or Print)	Middle Last	20. DATE KNOWN Month Day Yeor 2b. HOUR
S .5 .5	Howard	S. Wallace	DEATH MATEDIA Oun 2 1968 A
Melo,	S. SEX 4. RACE S. DATE OF BIRTH	last birthday) MONTHS DAYS HOUS	HOER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR ST. Month Day Year 24 22
EA . B	ale White Feb. 7, 19		121 7 1968 1
- E P	ountry) Md. U.S.A.	COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	
to ge at state	D. CITY OR TOWN OF DEATH 11. NAM	NE OF HOSPITAL OR INSTITUTION (If not in hospital 12	a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
Give Pages 1, lang with form ith the State Death.	ural Millington	eet address)	ring most of working life, even if retired.) Rammer Harming
haurs after death Item 18. Give Pagg Office alang with 1 and 2 with the Sta after death.	3a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE 13b. COUNTY	on: Residence before 13 GTY 21 TOWN 13d, INSIGE	CITY LIMITS? 136. STREET AND NUMBER
haurs tem 18 Office o and 2 v	4. FATHER'S NAME First Middle	leen Anne'sSudlersville YES L	ME First Middle lost
	Thomas		ME First Middle Lost Bessie Mayberry
hin 24 ncil in niner's pages hours	60. WAS DECEASED EVER IN U.S. ARMED FORCES?	66. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
d be executed within 24 cd "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 hours	(Yes, na, or unknown) (If yes give war or dates of service)	22-05-3146 Mrs. Alberta	Wallace, RuraSudlersville, Md.
al Estination of the Fig. 1. F	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
xecuted nding" ir Medical permit.	IMMEDIATE CAUSE (a)	Exposure to Co	(a) many how
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rifing rarde rarde d as	190. DATE OF OPERATION	96. CONDITION FOR WHICH OPERATION	O/I C
is certific fe, writin forward ie used as	190. DATE OF OPERATION 1 210. EXTERNAL CAUSE WAS 21b. TIME OF IN	WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
E 5 9 4		JURY Month, Day, Year 21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Part 2, Item 18.)
INER: 1 shauld k files. 3 should a should loan inties.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ALL	Val 2 1968 Walking	home - Fell doom.
	ZId. INJURY OCCURRED 21e. PLACE OF INJURY (At factory, office building,		No. City or Town County State
B 5 8 4 4	AT WORK AT WORK A Kerbert	Price Farm Aural	Millinston QA hel
ICAL 1 s exector. Per for Ped for CTOR: burial		remains described above, held on Autopsy	
JICA please et director. director. DIRECTO	death resulted from: Notural couse		icide , Undetermined monner
TY, pleeral diju	ACTUAL SIGNATURE	/	CAL EXAMINER 22b_DATE SIGNED >
Sary, be le	EXAMINER'S	716.12	DICAL EXAMINER DI VAR 3, 1961
O DEPUTY necessary, it the funeral 5 may be r 0 FUNERAL	NAME (Type)		reet, city, town, or county) Cantre wille mg
5 まるまで	30. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State) Sudlersville, O.A.Co: Md.
1	Burial Jan.7,1968 4. FUNERAL DIRECTOR	Sudlersville Cemetery ADDRESS 250.	Sudlersville, Q.A.Co; Md.
VR A15ME (5)	Edward Fellows & Son, M		JAN 5 1968 Cliarles June

38610 the title of the water 4.4 S. Salah Colony nttimeday, 'en a a mannett. All religions because conclusion franches etc. officerous armittee all del courte and prair lace guesses statements see cont. Talker teliared software to the three of the filler of the filler